FORM I(Rev.2017)					
	Contractor Name				
	DPW Contract No.				
Employee Affidavit					
Residents Preference Program					
I certify that I maintain my permanent residincome tax, obtain my driver's license, etc. at					
	(Address)	(Zip Code)			
Residency status: To verify my resident status, attached please Copy of my voter's certific Copy of my last year's Form Copy of my current Wiscon Copy of Other (i.e., Utility	ration form. m 1040. nsin Driver's License or State I				
	AND				
Unemployment status: I certify that I have been unemployed as fo I have worked less than 1,2 I have not worked in the pro-	200 hours in the preceding 12 m				
	OR				
Underemployed status:I certify that based on the attached chart (In	ncome Eligibility Guidelines), l	am underemployed.			
WORK INCHORY					
WORK HISTORY Construction Skills:	Print Name				
Years of Experience:	Sign Name				
	Social Security Number				
	South Security Number				
	Home Telephone Number				
Subscribed and sworn to me thisday					
Of,, A.D.					
My Commission Expires					
r					

Notary Public Milwaukee County

Income Eligibility Guidelines July 1, 2016 to June 30, 2017

Eligibility determination is based on household size and income. Total income must be <u>at</u> or <u>below</u> the amounts in this table.

Household Size	Yearly	Monthly	Twice per month	Every 2 weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For Each Additional Household Member Add	7,696	642	321	296	148

Source: Wisconsin Department of Public Instruction